



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



Changing the Minimum Standard for Housing

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The Need for Change: The growth of the Private Rented Sector (PRS)

Year	Properties in the PRS as a percentage of housing stock
2001	7.6%
2006	11.5%
2009	16.8%
2011	16.5%

Key findings from the NIHCS (2011) include:

- 16.5% of housing stock is in the PRS with 18% of households now live in the PRS.
- The household type with the highest proportion renting privately was households with children (22%)
- A higher than average proportion (33%) of household reference persons who were not working lived in the PRS (37% in the Social rented Sector and 30% in owner occupied sector).
- The private rented sector continued to show an increase in lower income households from 2009. 23% of private rental households had an annual income of less than £10,000



With respect to the condition of properties, the NIHCS (2011) reports

- Unfitness levels in the PRS were 7.1% (compared to 0.4% in social housing and an overall level of 4.6% for all tenures).
- Levels of disrepair were similar in both the PRS and Social Rented Sector (53%) but higher than the Owner Occupied Sector (45%), however, only 21% of privately rented dwellings had reported to have been repaired or improved in the last 5 years compared to 49% in social housing.
- 10.2% of properties in the PRS did not meet the Decent Homes Standard compared to 3.7 of social rented properties and 8.2% of Owner Occupies homes.
- 49.1% of homes in the PRS were in Fuel Poverty (compared to 39.7% in social housing sector and 40.6% in owner occupied sector)
- Private rented homes (6%) were more likely than social housing (3%) or owner occupied homes (2%) to be overcrowded.



- These statistics indicate that conditions within the PRS are the least favourable of all housing sectors. This is significant as the PRS is increasingly housing low income households who may already be disadvantaged
- The Building Sound Foundations Strategy for the Private Rented Sector (2010) and Facing the Future The Housing Strategy for NI (2012) both make reference to the need for a review of the current minimum standard for housing in NI. This is necessary in order to offer protection for occupants and reduce inequalities between housing sectors especially those low income households that traditionally were homed within the Social Rented Sector but are now increasingly residual users of the PRS.

The Fitness Standard

- The Minimum Standard for Housing in NI is currently the 'Fitness Standard' as outlined in the Housing (NI) Order 1992
- Last reviewed 23 years ago
- Pass /Fail or Fit/Unfit

Some things that are not taken into account by Fitness

- Thermal Comfort
- Insulation
- Safety
- Fire



Housing Health and Safety Rating System (HHSRS)

- Replaced Fitness in England and Wales in 2005
- Evidence based
- Risk Assessment
- Considers the effect of the deficiency – not just the presence of a defect
- Can adapt to development in research
- Can be informed by local circumstances



1 Damp and mould growth	11 Crowding and space	21 Falling on stairs etc
2 Excess cold	12 Entry by intruders	22 Falling between levels
3 Excess heat	13 Lighting	23 Electrical hazards
4 Asbestos (and MMF)	14 Noise	24 Fire
5 Biocides	15 Domestic hygiene, Pests and Refuse	25 Flames, hot surfaces etc
6 Carbon Monoxide and fuel combustion products	16 Food safety	26 Collision and entrapment
7 Lead	17 Personal hygiene, Sanitation and Drainage	27 Explosions
8 Radiation	18 Water supply	28 Position and operability of amenities etc
9 Un-combusted fuel gas	19 Falls associated with baths etc	29 Structural collapse and falling elements
10 Volatile Organic Compounds	20 Falling on level surfaces etc	



HHSRS and Fuel Poverty

HHSRS links to Fuel Poverty

Fuel Poverty Rates

NI 42%

England 15%

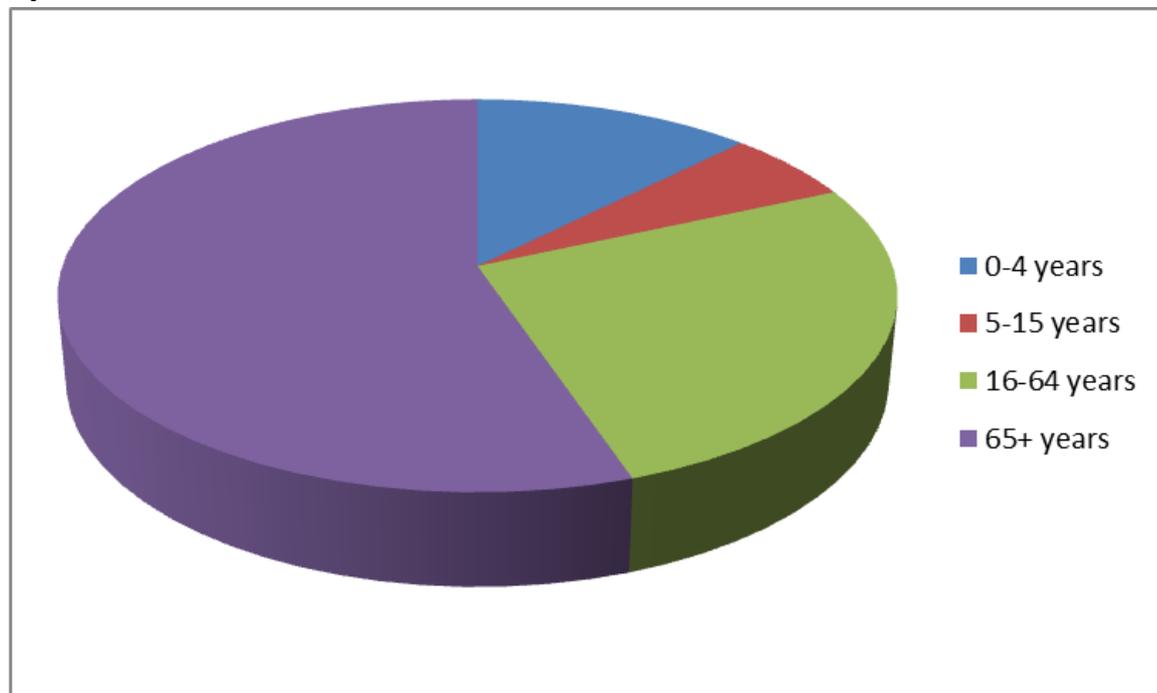
Scotland 25%

HHSRS assesses insulation, heating type, efficiency, age of house etc.

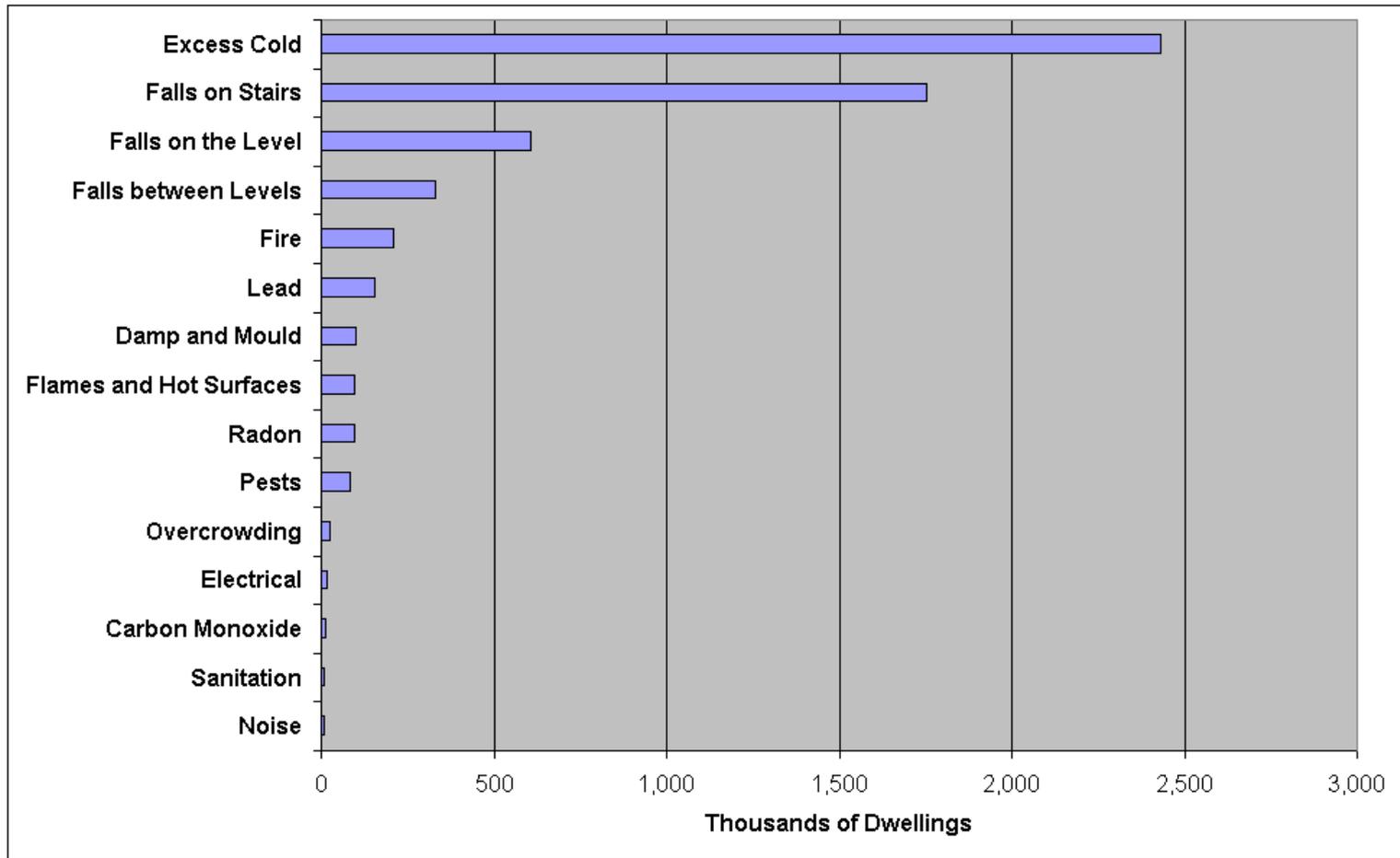


HHSRS and Home Accidents

Statistics from NINIS show that hospital admissions due to accidents in 2009/10; 23% of these accidents occurred in the home (compared to 11% of accidents from road traffic collisions)



The Frequency of HHSRS category 1 Hazards (EHCS, 2006)



The Home Accident Prevention Strategy 2015-2015 : *“Falls account for 71% of all fatal accidents to those aged 65 and over. Recurrent falls are associated with increased mortality, increased rates of hospitalisation, and higher rates of institutionalisation. Studies have shown that one third of people aged over 65 in the general population have one fall per year, with 40–60% of these falls causing injury. 50% of people who have suffered a hip fracture can no longer live independently. Fear of falling again reduces quality of life and wellbeing. Even if a fall does not result in serious injury the loss of confidence can lead to an individual restricting their activity and indeed this can lead to further falls. Based on costs from 2009/10, the South Eastern HSC trust Falls and Osteoporosis Strategy estimated that for every hip fracture avoided, approximately 10,170 could be saved. This is a conservative estimate. The full direct costs to health and social care that are associated with an accidental injury can include, in addition to the cost of immediate treatment, the cost of medium-term care and rehabilitation and, in cases of life changing injuries, the cost of long-term care and support. Costs are incurred in other public services; there are costs to society from loss of economic activity, and there are also the financial costs that may be borne by someone who is unable to work.”*



BRE Research

- the cost to the NHS of treating ill health resulting from poor housing to be £2.4billion per year). This compares to the estimated cost to the NHS of treating smoking related issues of £400million per year
- the full cost to society of living in poor housing in NI is estimated to be some £82million per year. In addition £33million per year is estimated to be saved in the first year of treatment costs to the NHS if hazards were reduced to a more acceptable level.
- around 25% of all Category 1 Hazards can be made acceptable for a cost of less than £600. The average cost for making category 1 hazards acceptable is £3,710



Falls associated with stairs and steps

Number of dwelling in NI affected	55,884
Average Cost per dwelling	£1,271
Saving to NHS per annum if fixed	£13,908,270
Payback to the NHS (years)	5.1 years

Based on NIHCS 2009

The Real Cost of Poor Housing in
Northern Ireland, BRE, 2012



There are a range of examples where HHSRS has proven to be effective in improving Public Health
Liverpool Healthy Homes Programme is one such example and is often quoted

Liverpool Healthy Homes Programme is tackling health inequalities through reaching out into priority communities, engaging with residents and improving housing conditions and access to health and wellbeing related organisations



Liverpool Healthy Homes

Identified priority areas for intervention with the use of a “health homes index” created from 14 data sets including (among others)

- Income deprivation
- Health deprivation and disability
- Living environment
- PRS percentage
- Cat 1 hazards as identified in EHCS
- Emergency hospital admissions
- Hospital admissions for falls



Advocates call at each home and speak face to face with residents

Look at many aspects including

- Housing conditions
- Access to GP's and dentists
- Benefits
- Employment advice
- Support mechanisms for parents with young children
- Support mechanisms for elderly
- Exercise and fitness
- Drug support
- Healthy eating etc.

Direct referrals to a range of partner agencies including EHO's that have powers under the Housing Act to deal with Cat 1 Hazards



Progress and findings

- By August 2012 – 24,000 assessments
- 19,000 referrals to different partners
- 3,800 HHSRS inspections
- 2,700 Cat 1 Hazards identified and removed
- Estimated savings to NHS £439,495 per year (based on housing improvements made in year 1 of programme)
- If these savings are sustained = £4.4million over 10 years
- Wider benefits to society estimated £11million over 10 years
- Programme delivery should deliver 5 times the number of house inspections undertaken in year 1 so savings of the Healthy Homes Programme could be £55 million over 10 years.
- £4million in investment by PRS landlords as a result of enforcement work that was deemed necessary
- On the basis that there are approx. 3 employees for every £100000 spent on construction, at least 30 construction jobs were thought to be created.



Support for the HHSRS include

- CIH
- CIEH
- CEHOG
- Housing Rights Service
- NILGA
- Independent Commission on the Future for Housing in NI



DSD Review

- Team reviewing the Minimum Standard for Housing
- Report expected soon



Recommendations for any future minimum standard for housing in NI

- There should be an evidence base to any new system.
- Any system should be able to incorporate meaningful measurement of progress.
- Any system should be able to incorporate meaningful measurement of the cost to society of poor housing.
- Any system should be sustainable and allow change in circumstances
- There should be a system to be able to making comparison of the condition of housing stock with other areas of the UK
- It would be beneficial to introduce a system that has been proven to work
- There should be potential for wider scope and use.
- There should be support for a new system



Conclusion

- Increased role for PRS in providing housing solutions
- Increased number of vulnerable people in PRS
- Needs to be a standard that will offer adequate protection and equity

This is a rare opportunity and one that is important to everyone in society



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